

This letter is a legal document and cannot be altered in any way.
PLEASE PRINT



TRESPASS ENFORCEMENT REQUEST

TO: Chief of Police, Chandler Police Department
FROM: Name _____
Mailing Address _____ Suite/Unit # _____
City _____ State _____ Zip _____
Phone (_____) _____ Cell (_____) _____
E-mail _____ * **REQUIRED**

I am the: Owner Manager Other (specify): _____

I, _____, as the owner or person having lawful control and authority over **BUSINESS / PROPERTY NAME:** _____

LOCATED AT (street address only; no intersections): _____,

I hereby request the Chandler Police Department and its officers to enforce the provisions of ARS 13-1502 against any persons in or on the premises (listed above) at a time or in a place wherein the premises are not open to the public or whereby they have no reasonable nexus to the property. Furthermore, I agree to post **“NO TRESPASSING” signs**, which give reasonable notice prohibiting entry on the property. The statement **Violators will be prosecuted under ARS 13-1502** must be printed on the sign, preferably in both English and Spanish. Signs must be placed at entryways and be highly visible.

The undersigned agrees to cooperate fully in the prosecution of persons subsequently arrested for violations occurring on the premises and certifies that he/she is the owner or agent having lawful control and authority over the premises listed above.

This authorization is in effect from the date received by the Chandler Police Department unless earlier recorded by the undersigned or their agent. **The undersigned owner or agent agrees to notify Chandler Police Department in writing when this authority is revoked or amended and there are any changes in contact information.**

For emergency contact purposes, I can be reached **by phone after hours** at _____, or **by phone during normal business hours** at _____.

Signature _____ Date _____

After completing this form, SEND ORIGINAL to:

Chandler Police Department
Attn: Crime Prevention Specialist
Mail Stop 303S
P.O. Box 4008
Chandler, AZ 85224-4008

ADMINISTRATION USE ONLY
DO NOT WRITE IN THIS BOX

District: _____

Date received: _____

Year reviewed: _____